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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

Kenneth Largman et al.

Application No. **10/075,136**

Filed: **November 19, 2001**

For: **ON-THE-FLY REPAIR OF A COMPUTER**

Art Unit: **2184**

Examiner: **Unknown**

Docket No.: **A-70543-1/RMA/KRG**

Certificate of Mail (37 C.F.R. § 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal service on the date shown below with sufficient postage as first class mail in an envelope addressed to Mail Stop NON-FEE AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 30 JUNE 2003.

R. M. Ananian
R. M. ANANIAN

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Technology Center 2100

PRELIMINARY AMENDMENT

Prior to the first Office Action, please amend the above-identified application as follows:

PATENT

Attorney Docket No. A-70543-1/RMA/KRG
Attorney Matter No. 469217-00012
Application No. 10/075,136



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kenneth Largman et al.

Application No. 10/075,136

Filed: November 19, 2001

For: **ON-THE-FLY REPAIR OF A COMPUTER**

Art Unit: **2184**

Examiner: **Unknown**

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R. Michael Ananian

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Mail Stop NON-FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

- Transmitted herewith is:
1. PRELIMINARY AMENDMENT; and
 2. One self-addressed return postcard.
- Applicant is a small entity. See 37 CFR § 1.27(c).
- The fees have been calculated as shown below:

	Claims Remaining After Amendment	Minus	Highest Previously Paid For	Present Extra	Small Entity Rate Fee	OR	Other than a Small Entity Rate Fee
Total Claims	14	-	20	0	x 9 = \$		x 18 = \$
Ind. Claims	2	-	3	0	x 42 = \$		x 84 = \$

[] Multiple Dependent Claim Presented
and Fee not Previously Paid

+130 = \$ +260 = \$

TOTAL \$ TOTAL \$

Total Additional Claims Fee: \$ _____

Extension of Time Fee: \$ _____

Other fees: \$ _____

PATENT

Attorney Docket No. A-70543-1/RMA/KRG
Attorney Matter No. 469217-00012
Application No. 10/075,136

TOTAL FEES: \$ _____

- No fee is required.
- A check including the amount of the above indicated TOTAL FEES for \$ _____ is attached.
- Please charge Deposit Account No. 50-2319 (Docket No. A-70543-1/RMA/KRG) in the amount of \$ _____.
- The Commissioner is hereby authorized to charge any underpayment of the following fees associated with this communication, including any necessary fees for extension of time and for the presentation of extra claims, or credit any overpayment to Deposit Account No. 50-2319 (Docket No. A-70543-1/RMA/KRG).

Respectfully submitted,

Date: 6/30/03

By:



R. Michael Ananian, Reg. No. 35,050
Filed Under 37 C.F.R. § 1.34(a)

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San Francisco, CA 94111-4187
Telephone: (415) 781-1989 Facsimile: (415) 398-3249

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